

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
FOR USE WITH FORM PTO-875)

SERIAL NO. 097807360

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT								
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						61						
2		1					52						
3		1					53						
4		1					54						
5		1					55						
6		51					56						
7		10					57						
8		10					58						
9		10					59						
10		10					60						
11		10					61						
12		10					62						
13		10					63						
14		10					64						
15	1						65						
16		1					66						
17		1					67						
18		1					68						
19		14					69						
20		10					70						
21		1					71						
22		1					72						
23		1					73						
24		1					74						
25		10					75						
26		10					76						
27		10					77						
28		10					78						
29	X	1					79						
30	1						80						
31		10					81						
32		10					82						
33		10					83						
34		10					84						
35		10					85						
36		10					86						
37		10					87						
38		10					88						
39		10					89						
40		10					90						
41		10					91						
42		10					92						
43	1						93						
44		10					94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	43						TOTAL IND.						
TOTAL DEP.	39	40					TOTAL DEP.						
TOTAL CLAIMS	43	73					TOTAL CLAIMS						

PTO-1360 (3-78)

\*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

U.S. DEPARTMENT of COMMERCE  
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